**HARM OUTSIDE THE HOME / EXPLOITATION SHORT SCREENING TOOL**

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| **PRIOR TO THE CALL** |
| **Review referral, Children’s Social Care history, and previous contacts; check for any CIN, CP and LAC history** |
| **Consideration: MISSING EPISODES** |
| * **Are there times when you don’t know where your child is?**
* Talk about phone tracking software; Do parents/carers have it? Do they know how to use software and apps?
* Does your child miss curfew? How often? How late? Do they keep in touch if they are late?
* Have there been times that your child has gone missing, and you haven’t reported it to the Police?
* (Advise parents/carers they do not have to be missing for over 24 hours and can report immediately)
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| **Consideration: ASSOCIATES** |
| * Are there concerns about who your child spends time with?
* Do you know all/most of your child’s friends? (Note: this is harder when at secondary school!)
* Do you know any of your child’s friend’s parents?
* Are your child’s friends of a similar age?
* How does your child meet their friends? (Online? Face to Face?)
* How do they get to and from meeting their friends? Who do they get lifts from?
* Has your child been making phone calls late at night? Has this increased recently? Who are they speaking to?
* How does your child communicate with their friends? Explore different apps etc.
* Ask for names of associates (be mindful of data sharing)
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| **Consideration: UNKNOWN GIFTS OR MONEY** |
| * Do you know where your child gets money (and gifts) from, or where their money goes?
* Do you know how, when, and where your child spends their money?
* If your child has a debit card, do you see their transactions?
* Are there cash withdrawals or unexplained spending?
* Does your child ever have money or items you can’t account for? When? How much?
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| **Consideration: ALCOHOL AND SUBSTANCE USE** |
| * Have you ever been worried about your child drinking alcohol or using illegal substances?
* Would you recognise the smell of alcohol or cannabis on your child?
* Would you know the signs of your child being under the influence of alcohol or drugs?
* If yes, how often, where do they get it from, how is it paid for, is it ever on credit aka ‘on tick’?
* If yes, are they doing this on their own or with others?
* Have you ever noticed money/items going missing from you or your family? (Potentially to buy alcohol/drugs?)
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| **Consideration: EDUCATION & LEARNING NEEDS** |
| * How is your child’s education going?
* Is your child in school/college/work? What is their current attendance?
* Does your child have an Education Health Care Plan (EHCP) or diagnosed learning needs?
* Do they give consent to speak to education provision for a wider picture (if referral not from the provision)
* What is your child’s attitude to school/college/work?
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| **Consideration: MENTAL HEALTH AND BEHAVIOURS** |
| * How is your child’s mental health?
* Is your child open to any mental health services? Do they have a diagnosis? What support are they receiving?
* How is your child’s mood? Has it changed? If so, how?
* How is the child’s presentation? Has it changed? How? (Ask them to describe their presentation)
* Do you have any self-harm concerns about your child? (Is clothing appropriate e.g. sweaters in summer to hide self-harm or weight loss)
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| **Consideration: RELATIONSHIPS WITH PARENT(S) AND HOUSEHOLD** |
| * How does your child get along with you as parent(s), and with the family?
* Do you feel that your child feels able to tell you about something if they’re worried?
* Does your child get on with siblings?
* Are there other adults in the family – how are those relationships?
* Did you already know about the concerns in the referral? (How did they get the information? If a police report; did parents report it to police?)
* Does your child behave (more) secretively recently?
* Does your child respect your views and boundaries in the home?
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| **Consideration: SEXUAL BEHAVIOURS AND RELATIONSHIPS** |
| * **Do you have any knowledge or worries about your child’s relationships?**
* Have they mentioned having a boyfriend/girlfriend/partner? Are they appropriate?
* Have you met them? Where do they meet? How do they know each other?
* Are there any indications that they may be sexually active? i.e. condoms, pregnancy, ‘love bites’
* Has your child changed the way in which they dress recently?
* Are they seeking sexual health support? Are they aware of where the local clinics are?
* Do you talk to them about healthy relationships? If they had concerns or questions, who would they speak to?
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| **Consideration: RISK INDICATORS OF EXPLOITATION**  |
| * Does your child travel to unknown places/locations? Do they lie about where they are going?
* Does your child have more than one phone or SIM cards? (‘burner’ phone)
* Has your child ever had/discussed having a weapon on their person? Do they associate with people who have had weapons on them?
* Has your child discussed any ideologies that are extreme or different from your family’s ‘norms’?
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| **Next steps: SAFETY PLANNING: GIVING ADVICE** |
| * Tracking on phone i.e. apps, find my friends
* What positive things can they do as a family?
* Call Police and keep them informed of any updates. Please keep notes with ‘who, what, when?’
* Be clear about expectations boundaries and routines.
* Draw on your support network to help with safety and to support you with managing the worries.
* Please reach out and keep an open dialogue with universal services for support or advice (GP, School, Elevate)
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| **Next steps: CREATING A SAFETY PLAN WITH THE FAMILY** ***(record answers as the family’s safety plan)*** |
| * What are the boundaries / rules for curfew?
* What will you do if child goes missing again or breaks curfew?
* Who will you call if you need support? (professionals)
* Who will you call if you need support? (family and friends)
* How can you monitor phone usage?
* What will you do over the next week to create positive family time?
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